

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HEALTH CARE QUALITY  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
BALTIMORE, MARYLAND 21228

Application for License to Operate a Surgical Abortion Facility (COMAR 10.12.01)

Official name of agency:

\_\_\_\_\_

Trading name d/b/a:

\_\_\_\_\_

Agency address:

\_\_\_\_\_

Mailing Address (If different from above):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Agency e-mail address: \_\_\_\_\_

Days and Hours of Operation:

\_\_\_\_\_

If business hours vary per days during the week, please specify: \_\_\_\_\_

\_\_\_\_\_

Identify the days and hours the office manager is on-site: \_\_\_\_\_

\_\_\_\_\_

Days OR is used: \_\_\_\_\_

Number of operating/procedure rooms: \_\_\_\_\_

Back up generator: \_\_\_\_ Yes \_\_\_\_ No

Accredited: Yes/No Accrediting Agency: \_\_\_\_\_

Date of accreditation: \_\_\_\_\_

If yes to this question please send a copy of the accreditation status letter to the Office of Health Care Quality.

Identify All Major Medical Equipment Utilized in the Surgical Abortion Facility:

_____ Cardiac Catheterization Equipment	How many: _____
_____ Computer Tomography Equipment	How many: _____
_____ Lithotripter	How many: _____
_____ Radiation Therapy Equipment	How many: _____
_____ Magnetic Resonance Imager	How many: _____

Type of ownership:     Sole ownership  
                                   Partnership  
                                   Corporation

If the applicant is a corporation or partnership, list names of individuals holding 2% or more ownership.

Officers: \_\_\_\_\_  
\_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The application fee of \$1,500.00 is non-refundable. Please make check or money order payable to the Department of Health and Mental Hygiene. Please mail application and fee to:

THE OFFICE OF HEALTH CARE QUALITY  
AMBULATORY CARE UNIT  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228

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